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CONFIRMATION NO. 3937

SERIAL NUMBER 10/535,490	FILING OR 371(c) DATE 05/17/2005 RULE	CLASS 424	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. BU-096XX
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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/US03/37013 11/18/2003
 which claims benefit of 60/427,318 11/18/2002

**** FOREIGN APPLICATIONS *********** SMALL ENTITY ****

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MA	4	12	3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

207

TITLE

Immunization with porphyromonas gingivalis protects against heart disease

FILING FEE RECEIVED 480	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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